



Republic of the Philippines
Department of Agriculture
AGRICULTURAL CREDIT POLICY COUNCIL
28/F One San Miguel Avenue (OSMA) Bldg.,
San Miguel Ave cor Shaw Blvd.,
Ortigas Center 1605 Pasig City
Tel. Nos. 8634-3320 to 21; 8634-3326/ Fax Nos. 8634-3319; 8584-3861



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Date: April 13, 2023
RFQ No. 2023 - 024

REQUEST FOR QUOTATION (RFQ)

The Agricultural Credit Policy Council (ACPC) through the Bids and Awards Committee (BAC), intends to procure:

PROVISION OF ANNUAL PHYSICAL EXAMINATION (APE) AND FLU VACCINE FOR AGRICULTURAL CREDIT POLICY COUNCIL (ACPC) EMPLOYEES

Approved Budget for the Contact : PhP 426,000.00
Purchase Request/s No : 2023-03-159
Mode of Procurement : NP-Small Value Procurement (Sec. 53.9)

Interested bidders/supplier of known qualifications are hereby invited to submit quotation signed by its authorized representative at the below address and/or thru email to the following addresses:

Agricultural Credit Policy Council
28F One San Miguel Ave. Building, San Miguel
Ave. cor. Shaw Blvd., Ortigas Center, Pasig City
procurement@acpc.gov.ph

Hanna Candy B. Gonzales
BAC Secretariat

Ma. Cathrina R. Pelagio
BAC Secretariat

Supplier who will submit proposals with the **Lowest Calculated quotations shall be selected.** A copy of below list of requirements shall be submitted on or before April 19, 2023 (Wednesday), 5PM.

Documentary Requirements:

1. Mayor's/Business Permit
1. PhilGEPS Registration Certificate
2. DTI/SEC Registration
4. Latest Income Tax Return
5. Notarized Omnibus Sworn Statement

Very truly yours,

MSCasuga

MSCasuga (Apr 13, 2023 12:23 GMT+8)

DIR. MAGDALENA S. CASUGA

BAC CHAIRPERSON

RB

INSTRUCTION TO SUPPLIER

- Submit your quotation using the prescribed **Quotation Form** (Annex A of the RFQ).
- Accomplish the Quotation Form and do not alter the contents of the form in any way.
- Non-compliance with the submission of the **accomplished prescribed/standard Quotation Form** and **Documentary Requirements within the prescribed deadline** shall automatically be disqualified.

QUOTATION FORM

Name of Company : _____
 Address : _____
 Contact Person : _____
 Contact Number : _____
 Email address : _____

After having carefully read and accepted the Terms and Conditions of this RFQ specified Annex B, hereunder is our quotation/s for the item as follows:

PROVISION OF ANNUAL PHYSICAL EXAMINATION (APE) AND FLU VACCINE FOR AGRICULTURAL CREDIT POLICY COUNCIL (ACPC) EMPLOYEES <i>(ABC: PhP 426,000.00)</i>						
Item	DESCRIPTION	Unit Cost per ABC	Qty	Unit	Unit Cost	Total
BASIC 5 PLUS DRUG TEST - Medical History and Physical Examination - Complete Blood Count - Chest X-ray - Urinalysis - Fecalalysis						
		₱ 1,000.00	180	pax		
ELECTROCARDIOGRAM (ECG) <i>(40 yrs old and above)</i>						
		₱ 500.00	60	pax		
FLU VACCINE Kindly fill-up Statement of Compliance From <i>*See attached Annex D</i>						
		₱ 1,200.00	180	pax		
Note: - Annual Physical Examination and Vaccination will be done on-site (ACPC Office) on May 02, 2023 (Tuesday). - ACPC employees who failed to avail the exam on-site shall be given seven (7) calendar days to conduct the APE at the branch office of the service provider. - Payment will be based on the actual number of employees who will avail the services.						
** Nothing Follows**						
<i>(Price Proposal must be VAT Inclusive)</i>					TOTAL COST	

I hereby certify to comply and deliver all the above requirements.

Signature over Printed Name

Position and Designation

Date

ANNEX B

TERMS AND CONDITION

I. VALIDITY OF PRICE QUOTATIONS AND OTHER IMPORTANT REMINDERS

- Price quotation/s, to be denominated in Philippine peso shall include all taxes, duties and/or levies Payable.
- Price validity shall be valid for a period of thirty (30) calendar days from the date of submission.
- Warranty shall be for a minimum of three (3) months for supplies & materials; one (1) year for equipment, three (3) years for IT equipment from date of acceptance by the end-user.
- Quotations exceeding the Approved Budget for the Contract shall be rejected.
- The bidders are required to submit brochures, pictures and technical data pertaining to the brand and model of the item being offered.
- In case two or more bidders are determined to have submitted the Lowest Calculated Quotation, ACPC shall adopt a tie-breaking method to finally determine the single winning provider in accordance with GPPB Circular 06-2005.
- Award of Contract shall be made to the supplier/bidder with the lowest quotation and who has complied with the minimum technical specifications and other terms and conditions stated herein.

II. DOCUMENTARY REQUIREMENTS

The following Eligibility Requirement must be submitted along with your quotation:

- a. Mayor's/Business Permit
- b. PhilGEPS Registration Certificate
- c. SEC/DTI Registration
- d. Latest Income Tax Return
- e. Omnibus Sworn Statement

III. DELIVERY SCHEDULE AND ACCEPTANCE

- The duration to complete the project shall be based on the timeline of the ongoing office renovation.
- The items shall be delivered according to the requirements specified herein.
- ACPC shall have the right to inspect and/or to test the goods to confirm their conformity to the specifications. Supplier shall, within 3 calendar days from notice, replace all defective items at no cost to the ACPC.

IV. PAYMENT TERMS AND LIQUIDATED DAMAGES

- Payment shall only be processed after the submission of billing statement/invoice and upon completion of delivery of all services listed in the Purchase Order/ Contract as well as upon inspection and acceptance of the goods by the end-user.
- Liquidated damages equivalent to one tenth of one percent (0.1%) of the value of the goods not delivered within the prescribed delivery period shall be imposed per day of delay.

V. DEADLINE OF SUBMISSION

- Quotations duly signed by the supplier's authorized representative should be submitted to the **BAC Secretariat** not later than **April 19, 2023 (Wednesday), 5PM** through a sealed envelope at the ACPC office in 28F One San Miguel Ave. Building, San Miguel Ave. cor. Shaw Blvd., Ortigas Center, Pasig City or through email. Quotations submitted after the said deadline shall not be accepted and considered. Any erasures or overwriting shall be valid only if these are signed or initialed by the bidder or his/her authorized representative/s.

I hereby declare that I understand and acknowledge the terms and conditions listed.

Signature over Printed Name

Position and Designation

Date

TERMS OF REFERENCE

Medical Package	No. of Pax	Requirements
APE (Basic 5 + Drug Test) 1. <i>Medical History and Physical Examination</i> 2. <i>Chest X-Ray</i> 3. <i>Urinalysis</i> 4. <i>Fecalalysis</i> 5. <i>Complete Blood Count (CBC)</i> 6. <i>Drug Test</i>	180	<ul style="list-style-type: none"> • On-site • For Chest X-ray examinations: Air-conditioned and clean/well maintained van • For Blood Extraction and Urinalysis: Experienced Medical Technologist and provision for proper and hygienic waste disposal
Electrocardiogram (ECG) <i>for 40 yrs. old and above</i>	60	<ul style="list-style-type: none"> • On-site • At least one (1) unit ECG machine in good working condition • Clean beds with fresh linens, pillows and pillow cases • Provision for dividers for separate cubicles for male and female employees
Flu Vaccine	180	<ul style="list-style-type: none"> • Type of Vaccine: Quadrivalent Seasonal Influenza Vaccine (Split Virion, Inactivated, WHO-recommended strain for 2022) • Pharmaceutical Form: Suspension for injection in pre-filled syringes (I.M.), Colorless clear liquid, filled in single-dose syringes (glass, type I), Influenza vaccine, Split Virion, 0.5 ml • Nature and Contents of the Container: Type I pre-filled glass syringe x 0.5 ml with needle • Packaging: Box of one single dose

ANNEX D

STATEMENT OF COMPLIANCE FOR TECHNICAL SPECIFICATIONS OF FLU VACCINATION FOR ACPC EMPLOYEES			
	CATEGORY	DESCRIPTION	STATE OF COMPLIANCE (COMPLIANT / NON-COMPLIANT)
1	Type of Vaccine	QUADRIVALENT SEASONAL INFLUENZA VACCINE (Split Virion, Inactivated) WHO-recommended strain for 2022	
2	Pharmaceutical Form	Suspension for injection in pre-filled syringes (I.M.) Colorless clear liquid, filled in single-dose syringes (glass, type I) Influenza vaccine, Split Virion, 0.5 ml	
3	Nature and Contents of the Container	Type I pre-filled glass syringe x 0.5 ml with needle	
4	Special Precautions for Storage	Storage at 2 ° - 8 °. Not to be frozen.	
5	Packaging	Box of one single dose	